

FILL OUT ALL BLANKS
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 42	
County <u>Gila</u>	District <u>Globe</u>	County Registered No. <u>415</u>	
Town <u>Globe</u>	Or City <u>Globe</u>	Local Registrar's No. _____	
ORIGINAL CERTIFICATE OF DEATH			
No. <u>328 South First</u> St.			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>(Twin) Infant daughter Mrs. Mrs. Solomon P. Meyers</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/>	DATE OF DEATH <u>Dec. 14th</u> 191 <u>9</u>	
MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED <input type="checkbox"/>		(Month) (Day) (Year)	
DATE OF BIRTH <u>Dec. 14th</u> 191 <u>9</u>		I hereby certify, that I attended deceased from <u>Dec 14</u> 19 <u>19</u> to <u>Dec 14</u> 19 <u>19</u> ; that I last saw h- <u>er</u> alive on <u>Dec 14</u> 191 <u>9</u> and that death occurred on the date stated above at <u>8 P.</u> M. The DISEASE or INJURY causing Death was as follows: <u>Premature birth</u>	
AGE <u>8</u> yrs. <u>0</u> mos. <u>0</u> days If less than 1 day <u>0</u> hrs., or <u>0</u> min.		(Duration) _____ yrs. _____ mos. _____ days	
OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed or (employer) _____		Was disease contracted in Arizona? <input checked="" type="checkbox"/> If not, (where)? <u>Y</u>	
BIRTHPLACE (State or country) <u>Globe, Arizona</u>		CONTRIBUTORY <input checked="" type="checkbox"/> (Duration) <u>X</u> yrs. <u>X</u> mos. <u>X</u> days <u>X</u>	
NAME OF FATHER <u>Solomon P. Meyers</u>		(Signed) <u>Clarence Smith</u>	
BIRTHPLACE OF FATHER (State or Country) <u>Ohio</u>		Dec <u>17</u> 191 <u>9</u> (Address) <u>Globe</u>	
MAIDEN NAME OF MOTHER <u>Jesta P. Dennis</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE OF MOTHER (State or Country) <u>Iowa</u>		LENGTH OF RESIDENCE	
The Above Is True to the Best of My Knowledge (Informant) <u>Solomon P. Meyers</u>		At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
(Address) <u>Globe, Arizona</u>		Former or Usual Residence _____	
PLACE OF BURIAL <u>Globe, Arizona</u>		Filed <u>Dec 15</u> 191 <u>9</u> <u>B. B. Gray</u>	
DATE OF BURIAL <u>Dec 15</u> 191 <u>9</u>		Local Registrar	
UNDERAKER <u>J. L. Jones</u>		County Registrar	
ADDRESS <u>Globe, Ariz.</u>		H55	